



DOVER ARENA CAMP KOOL REGISTRATION 2009

Ages of eligibility: 6-12 as of 6/1/09

CHILD'S NAME: _____ DATE OF BIRTH: _____
 ADDRESS: _____ AGE: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 HOME PHONE: _____
 EMAIL: _____
 EMERGENCY DAY PHONE (Mother): _____ Mother's Name: _____
 EMERGENCY DAY PHONE (Father): _____ Father's Name: _____
 EMERGENCY DAY PHONE (Neighbor/Relative): _____ Name: _____

\$175 deposit with application (\$170.00/deposit for each additional child in the immediate household family)

This deposit will be applied to last week of enrollment.

Swimming ability: ☐ Swimmer ☐ Non-Swimmer

Camp Hours will be from 730a-5pm.

Please circle the weeks you plan on attending.

~~~~~

| Week #1                                                                           | Week #2                                                                           | Week #3                                                                           | Week #4                                                                           | Week #5                                                                           | Week #6                                                                           | Week #7                                                                           | Week #8                                                                           |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 6/29-7/3                                                                          | 7/6-7/10                                                                          | 7/13-7/17                                                                         | 7/20-7/24                                                                         | 7/27-7/31                                                                         | 8/3-8/7                                                                           | 8/10-8/14                                                                         | 8/17-8/21                                                                         |
| Amt.<br>◇ Check# _____<br>◇ Cash: _____<br>Date Pd _____<br>Staff Initials: _____ | Amt.<br>◇ Check# _____<br>◇ Cash: _____<br>Date Pd _____<br>Staff Initials: _____ | Amt.<br>◇ Check# _____<br>◇ Cash: _____<br>Date Pd _____<br>Staff Initials: _____ | Amt.<br>◇ Check# _____<br>◇ Cash: _____<br>Date Pd _____<br>Staff Initials: _____ | Amt.<br>◇ Check# _____<br>◇ Cash: _____<br>Date Pd _____<br>Staff Initials: _____ | Amt.<br>◇ Check# _____<br>◇ Cash: _____<br>Date Pd _____<br>Staff Initials: _____ | Amt.<br>◇ Check# _____<br>◇ Cash: _____<br>Date Pd _____<br>Staff Initials: _____ | Amt.<br>◇ Check# _____<br>◇ Cash: _____<br>Date Pd _____<br>Staff Initials: _____ |



## T-shirt Size

Please check one (These will be given to camper the first week of camp)

Youth 6-8 \_\_\_\_\_ Adult Small \_\_\_\_\_

Youth 10-12 \_\_\_\_\_ Adult Medium \_\_\_\_\_

Youth 14-16 \_\_\_\_\_ Adult Large \_\_\_\_\_

Adult X-Large \_\_\_\_\_

~~~~~

\$10.00 Non-refundable administration fee included in each week.

LIABILITY WAIVER/MEDICAL RELEASE

I, the undersigned, parent or guardian, do hereby agree to allow the individual names herein to participate in the aforementioned activity, and I further agree to hold the City of Dover, Community Services Department, and/or the Arena Division and staff harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

We may take photographs during the Summer programs.

May we use your child's photograph in future publications? ☐ Yes ☐ No

SIGNATURE: _____

Date: _____

Note: Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of:

Health Insurance Company: _____ Policy Holder: _____

Policy # _____ Group # _____ ID # _____ Certificate # _____